THE bond
1080 BRICKELL

Credit Card Authorization Form

Please print out and complete this authorization form and return it along with a copy of a photo ID to: thebondmanagement@kwpmc.com All information will remain confidential, and this form will be destroyed after the transaction has been completed.

Please note that VISA cards can be charged up to a maximum of $250.

Resident(s) Name: _____

Unit No. _____

Cardholder Name: _____

Billing Street Address: _____

City: _____State: _____ Zip Code: _____

Credit Card Type: ___ Visa ___ Master Card ___ Discover ___ Amex

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card)

Amount to Charge: $ _____ (USD)

Service Requested: _____

I _____ authorize The Bond 1080 Brickell to charge the agreed amount listed above to my credit card provided herein. I acknowledge that a service fee from 2.95% to 3.95% may apply to the amount to be charged. I understand that Visa cards can be subject to a $76 fee. I have submitted a payment to The Bond 1080 Brickell Condominium Association, and I understand Click Pay, NovelPay, NovelPayPropertyPay, or "Bond 1080 Brickell -624" will appear as the charge on my credit card. Cardholder – Print Name, Sign and Date:

Print Name: _____

Signature: _____ Email:_____

Date: _____